1. PLACE OF DEATH	CERTIFICA	TE OF DEATH	OARD OF HEALTH AL STATISTICS OF DEATH		
I I LACE OF DEATH			791	141	82
County	. Registration District	No	0 a./ 11.	File No	·
Township (Note 1 Hospa	District No	1003	Begistered No) Ward)
2. FULL NAME 10 19 20 10	the		······································		
(a) Residence. No	H yrs. mas.		ird. (If no low long in U.S., if of i	onresident give city or town and St oreign hirth? yrs. mos.	ate)
PERSONAL AND STATISTICAL PA	RTICULARS	12	MEDICAL CERT	TIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGI DIVO	LE, MARRIED, WIDOWED OF PRICED (write the word)	17.	DEATH (MONTH, DAY /		1826
SA. IF ADDRESS, WIDOWED, OR OVORCED HUSBAND OF (OR) WIFE OF WIGOUT	red	that I last saw be		6. 4-2-	, 1957.6 O, and that
6. DATE OF BIRTH (MONTH, DAY AND YEAR)	-10 1870	THE CA	the date stated above, USE OF DEATH* was		_
7. AGE YEARS MONTHS DAY 2.5	rs If LESS than 1	20	roun	nephrit	
8. OCCUPATION OF DECEASED (a) Trade, prolession, or	Labertal	15261	1241	3	
particular kind of work		CONTRIBUTOR (SECONDARY)		mia (3)	tay
(c) Name of employer			DISEASE CONTRACTED	(duration),yrsmes.	. <i></i>
9. BIRTHPLACE (CITY OR TOWN)					
(STATE OR COUNTRY)	11	1 2	NATION PRECEDE DEATH?		
10. NAME OF FATHER	yul	Was there	AN AUTOPSYT MO		
11. BIRTHPLACE OF FATHER (CITY OR TOWN)	J	WHAT TEST	CONFIGNED PIAGNOSIST	Elinica	
(STATE OR COUNTRY)	a	(Signe	a) 177	versio	, M. I
12 MAIDEN NAME OF MOTHER	Cochron	4/2.19	Address) (My Hos	<u> 12</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)	Rown	(1) MEANS AN	Dinease Causing De to Nature of Injury, so reverse side for addition	ATH, or in fleaths from Violent Cap and (2) whether Acciminate, Sul mal space.)	CIDAL, OF
14. INFORMANT AMAGE (Address) (Address)	godans utal#2	Ĭ <u></u>	BURIAL CREMATIO		URIAL O 19Z
15. Free -3 199 marks	Garklof, REGISTARY)	20. UNDERTAI	(ER	Bound ADDRESS	420

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman." "Manager." "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 urs.). For persons who have no occupation whatever, write None.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report

"Typhoid pneumonia"); Lobar pneumonia: Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm): Measles, Whooping cough. Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death). 29 ds.; Broncho-pneumonia (secondary), 10ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means or INJURY and qualify as accidental, suicidal, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Note.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, crysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.